

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578,088

FILING DATE

5/3/06

APPLICANT(S)

10/10/06

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		2			
4	1		2			
5	1		2			
6	1		2			
7	1		2			
8	1		1			
9	1		1			
10		1	1			
11	2		2			
12	3		2			
13	1		1			
14	1		1			
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TOTAL IND.	4		4			
TOTAL DEP.	12	←	17	←		←
TOTAL CLAIMS	16		21			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS					←	←